

HWLA MATCHED PROGRAM ENDS DECEMBER 31, 2013

Due to the historic changes with national health reform starting on January 1, 2014, the HWLA Matched Program will end on December 31, 2013 at midnight. In order to prepare for this change, DHS is prioritizing its resources and efforts to ensure that patients have a smooth transition into Medi-Cal. The following information is to notify you of the programmatic and operational impact on the current HWLA Matched program and what components will remain in place in 2014 after the program has ended. We are asking for your cooperation in achieving the goal of a smooth transition by being judicious in the inquiries that you submit to your program advocates, the Due Process email, and to the HWLA Member Services from now through December 31, 2013.

Please also note, we will continue to update this document as we get further clarification from the State or the health plans, particularly on issues related to continuity of care.

I. BACKGROUND

All HWLA members who are enrolled as of December 31, 2013 will automatically move into Medi-Cal Managed Care. This change is part of a new federal law signed by President Barack Obama on March 23, 2010 called the Patient Protection & Affordable Care Act of 2010 (ACA). The ACA is aimed at increasing the affordability and accessibility of health insurance coverage for Americans, and reducing the overall costs of health care. The ACA is sometimes called Obamacare, Health Care Reform, or the Health Care Law. It expands eligibility to new groups of people for state Medicaid programs. The new law requires the move from programs like HWLA to Medi-Cal, California's Medicaid Program.¹

HWLA patients will transition into a Medi-Cal Managed Care plan starting on January 1, 2014.² In a managed care delivery system, people get most or all of their Medi-Cal services from an organization, such as a managed care health plan that is under contract with the state. A managed care health plan is a group of doctors, clinics, specialists, pharmacies, and hospitals. The health plan must arrange for all medical services for patients, similar to an HMO. This includes helping patients find doctors and specialists, having a 24-hour nurse advice phone line, having member services to assist patients, helping with transportation to medical visits, and more. The Medi-Cal Managed Care health plans for LA County are L.A. Care and Health Net.

II. HWLA ELIGIBILITY AND ENROLLMENT

Priority Issues and the HWLADueProcess@DHS.LACounty.gov email:

Our priority is to approve pending applications in 45 days or less, to reverse denials and terminations received in a timely manner, and to make demographic corrections.

DHS is working on clearing through all emails previously submitted to the Due Process. **We have reviewed all emails submitted through August 31, 2013 and all emails prior to September 2013 will be processed and updated in YBN by October 16, 2013. Please note that you may not receive a response to your email.**

¹ You can find more information on the ACA at <https://www.healthcare.gov/>

² Note – some HWLA patients who are enrolled into the program late - after November 16, 2013 - may move into Medi-Cal Fee-For-Service for a short period of time before they automatically transition into Medi-Cal Managed Care. Guidance is still forthcoming from the State Department of Health Care Services (DHCS).

Many of these emails that we have received are duplicates and/or the application has been approved already. If you submitted an email inquiry and there was no action taken on the case, please review your original email to ensure that you included the required patient information and the documents required to review and process your inquiry. We will continue to stay current on emails until the end of the year.

It is essential that clinics do not continue to send duplicate emails to the Due Process email and/or to multiple venues within DHS (i.e. the Eligibility Review Unit, the Program Advocate Unit, HWLA Member Services). If you need a status update on an application, please do not send this question to the Due Process email. You can check the status of an application through Your Benefits Now. Please see the [YBN User Guide](#) for specific instructions.

As of September 23, 2013, these are types of emails you may send to HWLADueProcess@DHS.LACounty.gov:

1. Verification documentation on pending cases for citizenship, residency, Identity, and income (note: case comments will likely have information on what documentation is missing).
 - *To expedite processing, please use this subject line “Verification for Pending Case [Case Number]”*
2. Verification documents to support demographic changes, such as date of birth, gender, address, name and social security number.
 - *To expedite processing, please use this subject line “Verification for [DOB³, SSN, Name, Gender, or Address] Change for [Case Number]”*
3. For erroneous denials based on missing document(s), where verification document(s) was originally submitted with the application, send notification within 30 days of the denial⁴
 - *To expedite processing, please use this subject line: “Denied [Case Number] – request to review documents”*
4. For terminations, where the CP has additional verification documents, send within 30 days of the termination.⁵ If after 30 days from the termination, patients should file an appeal.
 - *To expedite processing, please use the subject line: “Terminated [Case Number] – request to review documents”*

Please note, for examples #3 and #4, patients still have their Due Process rights to appeal a denial or a termination within 60 days.⁶ However, for denials or terminations due to missing documentation, CPs can submit

³ Note – a driver’s license is not acceptable proof for a Date of Birth change. A birth certificate, passport or legal permanent residency card are acceptable forms of proof.

⁴ Note – after 10 days from the NOA, the patient may appeal the denial through HWLA Member Services. However, if the patient is denied for DRA (Citizenship/ Legal Permanent Residency) and the CP submitted a copy of the Birth Certificate or the Legal Permanent Residency card, there may have been an oversight in reviewing the documents and these types of cases should be submitted to the HWLADueProcess@DHS.LACounty.gov email in order to expedite processing.

⁵ Note – after 10 days from the NOA, the patient may appeal the termination through HWLA member services. If the patient is appealing the eligibility determination, for example that the income was over 133% FPL, these must be sent through HWLA Member Services or the Grievance and Appeal Unit, not to HWLADueProcess@DHS.LACounty.gov.

⁶ A patient can appeal directly to the HWLA program by downloading the grievance or appeal form from the website at <http://dhs.lacounty.gov/hwla> under “For HWLA Members” and click on “HWLA Member Grievances & Appeals”.

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that information directly to HWLADueProcess@DHS.LACounty.gov if it is within 30 days, so that the patient does not need to do the follow-up work.

Only the specified emails listed above should be submitted to Due Process. You may continue to send emails as specified above after January 1, 2014. No other kinds of inquiries will be responded to.

DHS is no longer accepting any paperwork for applications / denials or terminations / redeterminations that are not received in a timely manner – i.e., within 60 days of the event occurring. Specifically, that means that DHS is no longer accepting redeterminations or paper applications from 2012 or early 2013. If you have *already* sent in this paperwork/information to the HWLADueProcess@DHS.LACounty.gov email, there is no need to re-send it and we will process it before the transition to Medi-Cal. However, if it was not sent to DHS within 60 days, we cannot guarantee that it will be processed prior to the transition to Medi-Cal. Please note that there were two exception lists created in September 2012 for applications and redeterminations related to difficulties in the conversion from WebSphere. Both lists are being processed and will be completed before the transition.⁷

Redeterminations

HWLA redeterminations stop as of October 2013. Any HWLA member with a redetermination due in October, November, or December of 2013 should not complete the redetermination and will automatically advance 12 months. This means that the next redetermination for these patients will be under the Medi-Cal program, anticipated to be 12 months from when their last HWLA redetermination would have been.

The HWLA redetermination email (redetermination@dhs.lacounty.gov) will close on October 30, 2013 and will be monitored on a weekly basis until December 31, 2013. After December 31, this email will no longer be monitored.

DHS is no longer accepting or processing redeterminations that were due in 2012, and DHS will stop accepting redeterminations that were not received timely in 2013. Therefore, DHS will stop accepting all redetermination paperwork on October 30, 2013. Any redetermination received after October 30 for a prior month where the HWLA member has been terminated is past the due date and cannot be processed. You are encouraged to submit a new application for this person.

The *only* exception will be for any redeterminations (due in 2012 or 2013) that are delinquent (past due) but the system still shows them as enrolled (with a status of “approved/pass”). If the redetermination date was scheduled for June 2013, but the patient still shows enrolled in YBN, please have the patient complete the redetermination and fax it along with the necessary documentation to 626-299-5794.

New Applications & YBN Access

DHS will cease accepting new HWLA applications submitted by Community Partners as of 4:59 pm on December 31, 2013. All HWLA applications must be submitted no later than December 31, 2013 at 4:59 pm. The HWLA Your Benefits Now (YBN) system will not accept any submissions at or after 5:00 pm and will transition into a read-only mode. Any data in YBN that has not been submitted by 4:59 pm on December 31, 2013 will be erased from the YBN system at that time.⁸ In order to be considered a valid application and processed, all applications as of that

⁷ See two email from Shari Doi, both dated September 6. The subject lines are “Re: July & August Redeterminations” and “HWLA Application Date Correction”.

⁸ Note - any data that was filled into the application section of YBN must have an e-Signature *and* have been submitted in order to be considered a valid application.

date and time must be submitted in YBN. **If your clinic will be open past 5:00 pm on December 31, 2013 and you are scheduled to see new patients, please make arrangements to have the patient come in and apply prior to the cut-off day and time stated above.**

All patients who have a pending HWLA application at this time will continue to be pending on January 1, 2014 until the application is dispositioned sometime in 2014. These applications in most cases should be processed within 45 days or less. For example, if a HWLA application was submitted on December 15, 2013, it should be either approved or denied on or before January 30, 2014. The applications will be dispositioned by DHS or DPSS per current practice. If a HWLA Matched application is approved in 2014, coverage for the HWLA Matched program will be effective the first of the month of the application date (in 2013) and up until December 31, 2013. The State will then automatically transition any patient who applied for HWLA in 2013, but was approved in 2014, into Medi-Cal at a later date in 2014.⁹

New YBN user accounts will not be set up after November 22, 2013. On January 1, 2014, YBN will continue in view-only mode for all Community Partner staff who currently have access. The DPSS Helpdesk for YBN access will not be available and passwords will not be reset for existing users after this time. Access to the HWLA platform in YBN is scheduled to end on March 31, 2014.

III. BILLING AND CLAIMING

You may continue to bill the HWLA Matched Program in 2014 for services rendered in FY 2013-14 (from July 1, 2013 – December 31, 2013). These bills may be submitted to HWLA until February 15, 2014.¹⁰ You will have until March 15, 2014 to appeal a denied claim. Any primary or specialty services in 2014 for a patient who used to be HWLA Matched in 2013 are not billable to the County DHS under *any* DHS program (Matched, Unmatched, or CCEP). As of January 1, 2014, these patients are in a Medi-Cal Managed Care program. If a HWLA Matched patient is pending in 2014, you can bill for services provided in 2013 but *not* for services provided in 2014. As long as the service was provided in 2013, you will be paid the full Matched rate.

For example if an application was taken on December 15, 2013 and was approved on January 5, 2014, the patient would have coverage for the HWLA Matched Program from December 1 – December 31, 2013. They would have coverage under Medi-Cal starting on January 1, 2014. Any services provided in the month of December 2013 for this patient are billable to the County DHS. Services incurred for this patient in 2014 should be billed to Medi-Cal. If you are not a Medi-Cal provider under L.A. Care, Health Net or both, you are encouraged to contact L.A. Care Health Plan or Health Net Health plan to discuss your options in 2014.

IV. HWLA ENROLLMENT (PENDING), DISENROLLMENT/DENIED, AND TRANSFER REPORTS

At this time, DHS anticipates sending a special report to the Community Partners at the end of the year or in early 2014 listing all of your HWLA patients who transitioned to Medi-Cal Managed Care, according to information received from the State. Please note, this is for informational purposes only and *is not* official confirmation that patients are assigned to the Community Partner through Medi-Cal Managed Care. There may be changes that occur between when the report is generated and January 1, 2014; therefore confirmation must be received from the respective health plans on your Medi-Cal managed care lives.

⁹ That timeline has not yet been finalized by the state.

¹⁰ Note – for services provided in FY2012-13 (July 1, 2012 – June 30, 2013) the deadline to submit claims is September 30, 2013 and the deadline to appeal is October 30, 2013.

DHS will continue to send monthly full enrollment reports through February or possibly March 2014 that will include pending and denied HwLA applications. We will also provide a full report of your pending patients at least once, prior to the end of this year.

Please note, we will soon modify the end date for everyone listed as enrolled (active) on the HwLA enrollment report to be December 31, 2013 to reflect the program ending.

V. HwLA MEMBER SERVICES

Medical Home Changes

HwLA will not be able to accept medical home changes for HwLA patients after **October 15, 2013**. **The HwLA Member Services Call Center will inform patients that due to the HwLA transition to Medi-Cal, any patient who wishes to change medical homes should do so using the Medi-Cal Plan Choice and Enrollment Form mailed by the state in November.** This will ensure their medical home selection will be effective on January 1, 2014 when they have Medi-Cal.

Grievances and Appeals

Any patient grievance and appeal related to the HwLA Matched Program may be directed to the HwLA Member Services Call Center at 1-877-333-4952. Patients who wish to file a grievance or appeal may download the forms on-line.¹¹ Patients will continue to be entitled to Due Process for HwLA applications taken in 2013 and processed in 2014. Per current practice, patients are entitled to appeal or grieve an incident up to 60 days after the incident has occurred. Patients have up to 12 months after the end of the HwLA matched program (or until December 31, 2014) to submit for reimbursement a bill received while covered by HwLA.

General Inquiries

HwLA Member Services will be available to take calls in 2014 related to services provided in 2013, to assist patients with the transition to Medi-Cal and to help troubleshoot and resolve issues where a patient did not transition to Medi-Cal. Once a patient transitions to Medi-Cal, any questions related to their Medi-Cal eligibility, annual redetermination, or the Medi-Cal program should be directed to the Department of Public Social Services Customer Service Center at 1-866-613-3777. DPSS will only provide eligibility status updates to the patient (client) directly, unless the caller is an authorized representative (AR) for that patient and DPSS has the information on file identifying the AR. Patients should also be encouraged to create an account in the DPSS Your Benefits Now through the DPSS website to check on their own status on-line.¹²

Any questions regarding the Medi-Cal program, such as the new Medi-Cal rules and new eligibility criteria for Medi-Cal, cannot be answered by DHS (including the Program Advocate unit, the Eligibility Review Unit or Member Services). DHS does not maintain the Medi-Cal program. Community Partners are encouraged to seek out additional sources of information for Medi-Cal from their Medi-Cal managed care health plans.

These are the kinds of concerns HwLA Member Services will be able to assist with:

- I received a bill from a facility for a visit that I had in 2013

¹¹ Go to <http://dhs.lacounty.gov/hwla> and click on "For HwLA Members" and then click on "HwLA Member Grievances & Appeals". Forms and supporting documentation may be mailed to Grievance and Appeal Unit 1000 S. Fremont Ave, Bld. A-9 East, Second Floor Unit 4, Alhambra, CA 91803, or faxed to (626) 299-3390.

¹² Go to <https://www.dpssbenefits.lacounty.gov/ybn>

- I have an out-of-network bill from an emergency room visit I had in 2013
- I believe I was enrolled in HWLA through December 31, 2013 (and was not disenrolled), but I have been told by my clinic that I do not have Medi-Cal
- I applied for HWLA on December 23, 2013 and received a denial Notice of Action Letter yesterday, telling me I was found ineligible for not meeting citizenship requirements. I have a copy of my birth certificate.

These are the types of calls that the HWLA Member Services will not be able to assist with:

- I am a Community Partner clinic calling about the status of a patient's pending HWLA application. This information will be found on YBN (available in view only mode).
- I am a Community Partner clinic or patient calling to change the patient's medical home or health plan. This patient has Medi-Cal and should complete a Medi-Cal Choice Form.
- I am a Community Partner clinic or patient calling on January 15, 2014 to get a new service authorized. This patient has Medi-Cal and should contact their managed care health plan for assistance.

VI. OTHER ISSUES

Contract and Audits

Community Partner clinics are required to maintain HWLA matched patient, financial and eligibility records for a minimum period of five years after December 31, 2013 per current contract requirements. Electronic health records are accepted. Audits for the HWLA Matched Program for FY 13-14 will continue in FY14-15.

Pharmacy

The HWLA formulary will remain in place until December 31, 2013. The Medicationinfo@dhs.lacounty.gov email will be in effect until further notice. The last date to submit a request to add NDCs is the same as the deadline to submit claims for the HWLA matched program, which is February 15, 2014. The State, as well as the health plans, are working on a comparison of the current HWLA formulary and the Medi-Cal formulary to identify potential medication issues. We will provide more guidance on this issue as soon as possible.

Prior Authorization Requests Currently Obtained from DHS

DHS Managed Care Services (MCS) Utilization Management (UM) Unit, which currently processes requests for CTs and MRIs for CP clinic HWLA Matched patients, as well as other services on a case-by-case basis, will cease accepting requests for these services effective December 31, 2013 at 4:59 pm. Any requests received after this date/time will not be processed. Requests for services for your patients will need to be submitted to the appropriate Medi-Cal health plan in accordance with Medi-Cal guidelines after this date/time.

Program Advocates

Described in this document is the external and internal infrastructure identifying entities where questions and concerns should be directed for the remainder of 2013 and in 2014. Program Advocates will continue to be available to assist Community Partners in identifying appropriate entities to respond to questions and concerns related to the HWLA transition to Medi-Cal Managed Care program, including questions about this Provider Bulletin.